

**Don't Forget!**

UDOH's 40-hour  
"Bridging the Gap"  
Medical Interpreter  
Training starts on  
October 10th.

For questions about the  
training please contact  
Jelena Pasalic at  
801-538-6977 or  
jpasalic@utah.gov

**Upcoming Events****Refugee Reproductive Health  
Workgroup Meeting**

October 14, 2014 @ 6:00 p.m.  
Salt Lake City Public Library  
210 E. 400 S.  
Room E

**HEAT Program Enrollment**

October 18, 2014  
Asian Association of Utah  
155 S. 300 W.

**Refugee Health Advisory  
Committee Meeting**

November 13, 2014 @ 2:30p.m.  
LDS Hospital Education Center  
8th Ave. C St.  
Amicus Board Room

**Refugee Mental Health  
Subcommittee Meeting**

November 13, 2014 @ 1:00 p.m.  
LDS Hospital Education Center  
8th Ave. C St.  
Amicus Board Room

**Utah Refugee Health  
Program Contact**

Amelia Self:  
State Refugee  
Health Coordinator  
801-538-6221  
aself@utah.gov

# Refugee Health Stakeholder Newsletter



## Updates from the Refugee Health Advisory Committee

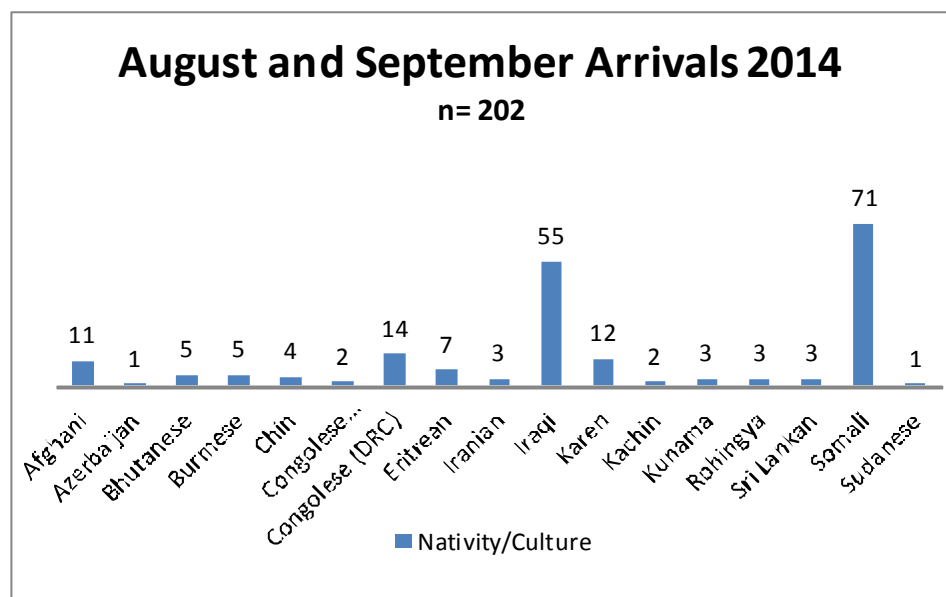
The Refugee Health Advisory Committee has started meeting again. In the most recent meeting, Bart Weist from Medicaid provided an update on the former Foster Care Medicaid and how it applies to refugee foster children. Additionally, the committee would like the HIV testing events (sponsored by the UDOH Prevention program and their grantees) included in the newsletter. This request will be accommodated in future newsletters.

## Workgroup and Subcommittee Updates

**Mental Health Subcommittee:** The subcommittee is still working on several projects including the monitoring of RHS-15 (mental health screening tool) scores over time, the development of a mental health screening tool for those younger than age 14, and outreach education to community agencies that may not be familiar with the mental health component of domestic health screening.

**Reproductive Health Workgroup:** The workgroup recently held a workshop on jobs and interviewing skills for Congolese women at the Sunnyvale Community Center. This workshop is part of a series of workshops. The next workshop will focus on dealing with domestic/interpersonal violence and will take place on November 1, 2014.

## Refugee Arrivals Monthly Update:



Total arrivals: 202    Arrivals by agency:    CCS: 124    IRC: 86    AAU: 1

## Newsletter Feedback and Subscription to Refugee Health Program Listerv

If you have any feedback or suggestions for the newsletter or would like to subscribe to the Refugee Health Program Listerv please contact Chelsey Butchereit.

Email: [cbutchereit@utah.gov](mailto:cbutchereit@utah.gov)  
Phone: 801-538-6834

## Cultural Backgrounder Additional Resources:

UNHCR Country Operations Profile– Thailand  
<http://www.unhcr.org/pages/49e489646.html>

Proposed Refugee Admissions Report for FY 2014, Pgs. 29-34  
[www.state.gov/documents/organization/219137.pdf](http://www.state.gov/documents/organization/219137.pdf)

Refugees from Burma (See Cultural Profile, Pgs. 41-49)  
[www.culturalorientation.net/learning/populations/burmese](http://www.culturalorientation.net/learning/populations/burmese)

Burma Country Conditions Report  
[gulfcoastjewishfamilyandcommunityservices.org/refugee/files/2011/04/CCR-burma.pdf](http://gulfcoastjewishfamilyandcommunityservices.org/refugee/files/2011/04/CCR-burma.pdf)

Refugees From Burma: Considerations for Health Providers  
[refugeehealthta.org/files/2012/12/Burma\\_Refugee\\_Health\\_Profile.pdf](http://refugeehealthta.org/files/2012/12/Burma_Refugee_Health_Profile.pdf)

## Local Resource Spotlight: Community Resource Specialists at the Department of Workforce Services

In June 2014, the Department of Workforce Services added five Community Resource Specialists to their team. These Specialists will be working directly, and solely, with the Karen, Sudanese/South Sudanese, Bhutanese, Congolese and Burundian communities. Overall objectives include: 1) community-wide capacity development, 2) greater integration through increased connections with mainstream volunteers and services, and 3) limited intensive case management of selected families.

Each Specialist will be case managing five families, chosen in conjunction with their community boards. While on the macro level, their work and focal areas will be community specific and determined by the results of a community needs assessment. Each Specialist brings with them a strong connection to his/her respective community and is seeking creative approaches to addressing issues and empowering members of their communities here in Utah.

For more information about the work of the Community Resource Specialists contact Michael Pekarske, Community Resource Supervisor, 801-989-7808 or [mpekarske@utah.gov](mailto:mpekarske@utah.gov).

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## Cultural Backgrounder: Karenni Refugees

The Karenni people are from the Karenni (or Kayah) State on the eastern border of Burma. The Karenni State was incorporated into independent Burma in 1948 and, at that time, was granted the right to secede after a 10-year period. This right was later not recognized by the Burmese government. Starting in the 1960's, when Burma became subject to military rule, there was a strong military presence in the State and many Karenni people experienced human rights abuses. Due to the ongoing persecution they faced, thousands of Karenni people fled Burma in the 1990's and have been living in camps along the Thailand-Burma border since that time. The United States began resettling large numbers of Burmese refugees in 2006 and since the Utah Refugee Health Program started recording nativity/culture in 2009 there have been 174 recorded Karenni refugees resettled in Utah.

Karenni people were traditionally animists but many have converted to Christianity. They speak the Karenni language and many are pre-literate. Cultural practices among the Karenni are similar to the Karen (another group in Burma). Many were farmers and hunters before displacement to a refugee camp.

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## Clinical Refugee Health Resources and Updates: Congolese Refugee Health Profile

Together, the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, and that National Center for Emerging and Zoonotic Infectious Diseases recently released a cultural backgrounder which includes extensive health information about refugees from the Democratic Republic of the Congo (DRC).

In addition to background information about refugees from the DRC, there is information about the health care in Congolese refugee camps, specific health concerns among Congolese refugees, and recommendations for treatment of Congolese refugees during the domestic health screenings conducted in the United States.

The backgrounder can be accessed at: <http://www.cdc.gov/immigrantrefugeehealth/profiles/congoles/index.html>

# National Refugee Resources and Updates: Office of Refugee Resettlement’s Statistical Abstract for Refugee Resettlement Stakeholders

In July 2014, the Office of Refugee Resettlement (ORR) released a report with overall and state-specific information about resettlement in the United States. ORR intends the information in the document to be used by stakeholders to assess a state’s capacity and available resources for refugee resettlement.

The report includes information about refugee employment outcomes in each state, secondary migration statistics, employment trends, information about health care access for refugees, an overview of ORR initiatives and more. The report is available in full at:

[http://www.acf.hhs.gov/sites/default/files/orr/statistical\\_abstract\\_for\\_refugee\\_resettlement\\_stakeholders\\_508.pdf](http://www.acf.hhs.gov/sites/default/files/orr/statistical_abstract_for_refugee_resettlement_stakeholders_508.pdf)

Some of the Utah-specific information in the report indicates that for FY13:

- 50% of the employment caseload entered the workforce.
- The average wage for resettled refugees in Utah is \$8.52.
- The median monthly housing cost in Utah is \$793.
- The projected percent change in job growth in high, medium, and low skilled jobs in Utah is anticipated to grow by at least 20% in each category.
- 104 refugees migrated from other states to Utah.
- 185 refugees migrated out of Utah to another state.

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## Utah Refugee Health Program Updates: Update on the Office of Refugee Resettlement’s Health Promotion Grant

Earlier this year, the Office of Refugee Resettlement (ORR) announced it would have to reprogram \$94 million allocated for refugee resettlement activities to address the needs of unaccompanied minor children arriving at the southern border of the United States. (This is part of the agency’s mandate in addition to refugee resettlement activities.) Funds that were reprogrammed included the entire budget for preventive health/health promotion activities. Historically, Utah has received a grant from ORR to conduct preventive health activities and it was uncertain whether the grant would be renewed this coming year.

<div><div><div>Utah Refugee Health Program Benchmark Report July 2014</div><div>Health screening completed within 30 days—99%</div><div>Referred for follow-up care within 30 days of health screening—100%</div><div>LTBI chest x-ray completed within 30 days of health screening— 76%</div><div>Mental health intake completed within recommended time frame—94%</div></div></div>	<div><div>The Utah Refugee Health Program (RHP) has been notified by ORR that they have been able to return funds that were reprogrammed to address the needs of unaccompanied minor children arriving at the southern border of the United States back to refugee resettlement activities. The RHP anticipates receiving a notice of award for the Health Promotion Grant (formerly called the Preventive Health Grant) very soon. This will allow Catholic Community Services (CCS) and the International Rescue Committee (IRC) to continue to provide activities for newly arriving refugees that promote health and well-being.</div><div>The activities that CCS and IRC have provided for newly arrived refugees with funding from this grant include: an orientation to the U.S. health care system, orientation for (or tour) of a health care clinic, assistance with proper installation of car seats, classes on a variety of subjects that are health-related, training medical interpreters who speak languages common to different refugee groups, and health fairs specifically for resettled refugees.</div><div>The focus of these activities is to promote the physical and emotional well-being of newly arrived refugees. This is done through facilitating access to culturally and linguistically appropriate health education and medical services, promoting health literacy, and reducing gaps in health services and facilitating access to affordable health care, including health insurance.</div></div>
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